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ARTICLE

Trying to Make Sense of Cases Features and Problems of Social Workers' Case Discussions

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ABSTRACT

The article, which is based on qualitative field research in a German family counselling centre, focuses on how professionals, mostly social workers, try to make sense of their cases when sharing their work experiences with each other during their regular case discussions. The sequential and comparative analysis of transcriptions of case discussions reveals certain constitutive features of these speech events and some problems that participants encounter – or even traps in which they can get caught – when trying to arrive at new insights. The detection of such problems does not have to be accepted in a defeatist manner. It is possible to formulate recommendations for professional case discourse on the basis of such (second order) social scientific case analyses of (first order) practical case analyses of professionals.

KEY WORDS:

case analysis

case discourse

Chicago

interactionism

implications for

social work

practice

professional

work

THE RESEARCH PROBLEM

For a long time how social workers make sense of their cases when sitting and arguing with each other attracted little interest among social scientists. In contrast, professional activities like conducting 'group supervisions', 'Balint groups' and 'group therapy' – activities regarded as risky, intellectually demanding and requiring prolonged professional training – appear to be more attractive as objects of social scientific research as seen in publications in, for example, the field of discourse studies (Bardé and Mattke, 1993; Giesecke and Rappe, 1982). Probably merely 'talking about cases' in social work settings seems to be too diffuse, unmethodical and difficult to survey because of the different work milieus, fields of practice and communicative styles within specific domains and institutional territories. Lack of empirical research on how social workers *actually* go about communicating about their cases stands in marked contrast to the growing interest in influential concepts that contain recommendations for how practitioners like social workers and teachers *should* communicate about their work, so as to become 'more efficient' and make better use of their 'team resources'. How to do 'peer consultation' has become a popular topic in post-graduate training seminars of social workers in Germany.

There has been important research on 'case talk' and 'case discourse' in recent years, especially in multidisciplinary teams (e.g. Griffiths, 2001; Housley, 2000, 2003; Nikander, 2003). Pithouse (1985, 1987; Pithouse and Atkinson, 1988) provides an early example of research focusing on the form and meaning of social workers' oral case presentations with their team leaders. Pithouse made explicit how such case presentations are important devices in demonstrating and assessing professional competencies against the backdrop of the 'invisibility' of social work practices as such: 'Talk about clients is work: It is a learned and skilful part of the workers' repertoire of daily practices. Competent practice is "seen" and established when the unobserved client encounter is rendered visible through the workers' accounts of their activities' (Pithouse, 1985: 78).

A recent monograph also deals with social workers' and health professionals' case discussions (Taylor and White, 2000). Taylor and White's (2000: 120–40) chapter on 'Arguing the Case: Professionals Talking Together' addresses the rhetorical strategies which workers employ, the dominant forms of knowledge visible in the talk (forms of knowledge 'which often reflect broader societal or theoretical notions') and 'how inter-professional talk can display, reproduce and reinforce aspects of professional identities' (Taylor and White, 2000: 121). The authors spell out some implications for practice at the end of their discussion, but abstain from any direct critical evaluation:

We have stressed that we are not making any judgements about the adequacy or veracity of the professional constructions of the case discussed, or about professionals' views of each other. We are not saying that the silenced versions

are better and that the professionals are, therefore, operating oppressively. Rather we have tried to show that, through their talking together, professionals are again making knowledge. It is your job, with your own work, to make the evaluative judgements about the stories you have told. (Taylor and White, 2000: 139)

I mention this because I will go into a somewhat different direction as far as the explicitness of my criticism is concerned.

The following discussion is based on my field research on the practice of social workers in family counselling (Riemann, 2000). Influenced by the Chicago interactionist tradition of studies of professional work and in particular Everett Hughes and Anselm Strauss, my study focused on the work in one urban counselling centre (belonging to one of the large church affiliated welfare associations in Germany) which had developed a tradition and a specific expertise in working with lower class client families.¹ During my fieldwork I became interested in how team members of the counselling centre communicate about their 'cases' and their work and I taped quite a few case discussions, 15 of which were transcribed.

In doing a sequential and comparative analysis of transcriptions of the audio recordings which I collected, I am not just interested in the properties and the sequential order of social workers' case discourse, but especially in their use of different schemes of communication (Kallmeyer and Schütze, 1977) – the schemes of narration, argumentation and description – for generating new insights. But note that this interest in the epistemic work of professionals also includes a focus on what could be improved or what can go wrong in case discussions, i.e. a focus on how professionals can get caught in traps which prevent a deeper understanding of their 'cases' and their own work. This will be the focal point of my discussion. Getting 'trapped' can have a detrimental impact on the ongoing work with clients, since professionals are prone to make mistakes under these circumstances and to resort to using ready-made typifications instead of engaging in real case analyses for all practical purposes.

Such a critical interest in the discovery of problematic practices and the production of traps differs from the routine relationship of ethnographers to their field of study. Also Garfinkel and Sacks (1970) programmatically call for an 'ethnomethodological indifference'. I do not follow their suggestions in this regard. My analysis is marked by a stance of critical solidarity with the practitioners whose work I study, i.e. I take the liberty to show that sometimes things can go wrong and how this can happen. The criticism should be formulated in a case-specific way and it should be oriented by Alfred Schütz's (1973: 44) 'postulate of adequacy': It has to be possible for the professional practitioners to recognise their own work, seriousness, relevancies and difficulties in such a critical analysis. In a second step the results of such empirical work might become the basis for formulating recommendations for

conducting case discussions or performing other professional action schemes like counselling.

I am aware that a claim that 'things can go wrong' raises legitimate questions with regard to the criteria for a critical social scientific case analysis of the practitioners' (first order) cases analyses. At the beginning of my research it was not sufficiently clear to me that a case specific criticism turned out to be a necessary component of my analysis, but this became more obvious in the course of my study. In describing the base of my critique it makes sense to identify three types of common criticism of professional work which I did not rely upon: (1) I could have taken the professionals' self-criticism at face-value, instead I kept a distance from their evaluations and tried to understand them in the whole context of their work; (2) a widespread criticism consists of assessing whether a certain practice complies with the state of the art of a normative programme (e.g. 'systemic social work'), but I think that the use of such programmes in practical circumstances has to be scrutinized to critically assess their functioning (orientation, explanation, legitimation and possibly mystification); and, (3) some approaches in the sociology of professions focus on whether a certain practice exhibits features of a 'real' profession (e.g. in contrast to a 'semi-profession') or demonstrates different kinds of general deficits (Oevermann, 1996; Sahle, 1987). In contrast, the Chicago interactionist tradition on professional work as pioneered by Everett Hughes maintains a distance from any 'aristocratic' ascriptions and respects the complexity of work regardless of whether or not the respective practitioners belong to the 'humble' or the 'proud' (Hughes, 1984b). As became obvious in the course of my research – and especially when it is viewed in retrospect – the implicit criteria for my critical and case specific assessments are grounded in the sequential order as well as in the interactive reciprocity of the processes of interaction, communication, action and work.²

While focusing on case-related discourse in a specific field of social work practice I assume that the investigation of these case meetings reveals the interactional processes of generating – and obstructing – new insights in social work case discourse in general,³ and perhaps in the case discourses of other professions as well. As Hughes (1984a: 289) wrote, 'no profession can operate without license to talk in shocking terms behind the backs of its clients'. Speech events like 'case meetings' are especially important in this regard since they are occasions of talking about 'absent clients' (Nikander, 2003) in a certain way, but there has not been much work on the dynamics of such meetings and the interactive work of generating and blocking new insights.⁴

Before discussing problems and traps that can be discovered in social workers' case discussions I will mention some distinctive properties of these meetings as they appear in my data.

FEATURES OF SOCIAL WORKERS' CASE DISCUSSIONS

Team members use terms like 'having [a] team' (*Team haben*) in order to designate such meetings or 'taking something into the team' (*etwas ins Team bringen*) in order to name the activities of offering and presenting cases to their colleagues. As I learned from the ethnographic work of students these terms are common in German social work settings. The practitioners orient to such case talk as clearly marked and sequentially organized speech events that have a fixed date in their weekly schedule and differ from chance encounters in which workers informally share what has just happened in their work with clients or situations where they offer ad hoc advice.

Discovering the specific features of these speech events by means of a sequential and comparative analysis means making them appear 'strange'. Such a stance is fostered by making comparisons (Glaser and Strauss, 1967: 101–15) with other forms of an institutionalized discourse on 'cases', like group or team supervisions on the one hand and 'communication under constraint' (Schütze, 1978) in professional education on the other hand, e.g. medical case presentations in doctors' training, which were analysed by Anspach (1988). The following features can be detected in social workers' team discussions:

- Workers are 'among themselves', i.e. no superiors, examiners or coaches are present who can pull them into a dialogue in which they are expected to demonstrate their professional skills and to defend their decisions; no outside supervisors are around who are engaged to help practitioners to get some distance from their work; and no clients. A team leader cannot expect to be granted a special professional authority in this situation that would create a distance from the rest of her or his colleagues. She or he just has some obligations for preserving space for this speech event and for conducting the meeting.
- 'Being among ourselves' does not mean that it does not matter how one presents and discusses cases. By presenting and discussing cases the participants display themselves as skilled practitioners and expect this from their colleagues. They do so not just by alluding to general standards of professional conduct, but by introducing shared typifications of clients and problems, by referring to standards and matters of course which have emerged in a local professional culture and have proved useful for all practical purposes. At the same time every team member has developed her or his distinctive style of work and self-presentation that is regarded as legitimate. Of course, case discussions are also speech events in which tensions become visible and distinctions of status are being negotiated.
- Participants may admit that they do not know how to continue working with certain clients or feel helpless about the turmoil in a family and need the reflective feedbacks and the solidarity of their colleagues. They may do so as long as they demonstrate in their own presentation that they comply with the standards of good work that are valid in the team.

- The way in which cases are introduced reveals something of the interaction history with a client or a family. This differs from case presentations in other fields of professional practice. Sometimes listeners learn about the details and atmosphere of a conversation with clients or get an impression of the practices and strategies of the colleague who is introducing the case; sometimes her or his own involvement in the processing of the case stays more in the background. But in any case the listeners can learn something about their colleague's attitude towards a client and feelings about the particular work, e.g. by listening to her or his commentaries, allusions, tone of voice and use of categories. Sometimes it is hard to express what is difficult to cope with, it can only be revealed symptomatically in certain linguistic or paralinguistic ways.
- In contrast to case presentations in other institutional contexts which require a detailed preparation of the professionals and sometimes even the prior distribution of written material, in this context the case is introduced orally and off-the-cuff. Colleagues introducing a case get the floor for an extended period of time at the beginning. Their spontaneous presentation is mostly a narrative (with argumentative and evaluative sequences embedded at certain points). Sometimes the communicative scheme of description is dominant or there are extended argumentative sequences. I will return to this point later on.
- All team members have the right to self-select themselves for the introduction of cases and it would be regarded as awkward if a colleague does not use this right occasionally. Such taking of turns in presenting cases is an important mechanism for securing reciprocity: by revealing something of one's own work one shows that one needs the critique and recognition of one's team members.
- Cases can be introduced for different reasons: (1) Team members are routinely expected to report about a first meeting in a case; (2) there can be crises in which professionals do not know how to go on because they do not understand the nature of the problem anymore, because they can no longer cope with it emotionally or have gotten into moral conflicts; (3) there are cases which absorb the attention and energy of the colleagues for a long time (e. g. in the case of the sexual and physical abuse of children) and which threaten to shake up the collective 'sentimental order' (Strauss et al., 1985) of a team; or, information has to be shared and exchanged because different team members are involved and have to coordinate the further processing of a case. (4) Sometimes cases are just introduced for the demonstration of a success or for common enjoyment, e. g. when social workers tell funny episodes of their work with families and clients with whom the others are familiar. This is more a casual conversation in which all team members contribute their own recollections and draw on a collective repertoire of anecdotes.
- Case meetings can fulfil different functions: not just the function of generating insights, but also an ad hoc relief, confirmation and consolation of a team member introducing a case or searching for her colleagues' support for a risky plan. Case meetings may function as a joint attempt to restore a collective 'sentimental order' that had become shaky or the function may be to provide information and practical recommendations for a colleague in need. Team members offer their own work experiences. One has profited from such contributions in the past and might need them again in the future.

- Case discussions are speech events in which the collective memory of a team (Halbwachs, 1980) and its collective identity become visible. Colleagues share a long-term history with each other that becomes alive in their discourse through multiple references and allusions. Such remarks, knowing looks and smiles cannot be easily understood by an outsider. But team members have also 'grown older together' with a lot of their clients and their families. Case meetings are important in this respect since certain images, feelings and evaluations with regard to clients are shaped and consolidated in this process. By talking about 'our' clients 'we' conjure up 'our' memories and shared convictions and confirm to each other who 'we' are and what makes 'us' special and distinct from social workers in other settings.

PROBLEMS AND TRAPS

I will now turn to four recurring problems which appear in the data – problems or traps in the generation of new insights. Identifying such 'epistemic traps' was not based on normative assumptions about an ideal case discussion. It is possible to explicate in detailed interaction analyses: (1) how participants encounter difficulties in their attempts to gain new insights and to assist each other in coping with practical problems, and (2) which structural conditions have to be taken into account for understanding such difficulties.

The first problem can be designated as **going native** – a term, of course, which originated in ethnographic self-reflection (e.g. Rock, 2001: 32). This difficulty derives from the fact that dense webs of relationships between professionals and clients or client families have developed in a particular counselling centre over a long time – sometimes a time spanning different generations of clients.⁵ Such a familiarity with people with whom one has grown older even though they might be regarded as a 'pain in the neck' once in a while quite often provides a central resource of interpretation. One is convinced that one knows the patterns and all colleagues presuppose that everyone else knows the patterns. Quite often team members develop 'constructions of resemblance' (Hoffmann-Riem, 1990: 235–47) in order to produce plausibility: for example a certain behaviour, orientations or dispositions of a client appear as familiar and are regarded as typical because they supposedly derive from her family of origin 'which we are already familiar with'.

Such 'constructions of resemblance' can be discovered in a case discussion on a young single mother living under precarious material circumstances and experiencing shame because of her violent outbursts against her small son. The social worker had introduced this case since she has difficulties in coming to grips with her client and her situation and feels helpless herself in dealing with the client's search for help. During the case discussion some of her colleagues tried to discover a pattern by relating features which they ascribe to the young mother to her father, who had also been a client of this centre (together with his wife) a long time ago. The empirical foundations for their conclusions are

rather shaky: as one colleague says, 'I guess he was prone to beating, too'. In this context another colleague recollects the client's father's pride in his own car, which serves to create another association: he relates her desire for education to (what he perceives as) her father's motif of social climbing. A close reading of these sequences suggests that these constructions have a stigmatizing quality. The members of the team do not take into account, e.g. that the young mother's desire for education could be taken seriously as a biographical project of her own.

In any case there is a structural problem: how can members of a team develop analytical distance in communicating about clients who happen to be 'old acquaintances' or sometimes the children or grandchildren of 'old acquaintances'? How is it possible for them to step out of 'thinking as usual' and to avoid giving in to collective moods that emerge again and again when certain clients or families are mentioned?

A second problem can be designated as **the pressure to make quick decisions in the face of the need to arrive at a deeper and open understanding**. Team members often announce their interest to introduce a certain case under circumstances of intense time pressure. They need feedback quickly. Maybe one's resources to cope with a threatening development in a client's life or in the life of a family are not sufficient anymore. Can it be justified to continue working with a client under these circumstances? Or the time schedules of different organizations and agencies involved in the processing of a family are transmitted into one's own sphere of work and are experienced as intense time pressure – something which is transmitted again into the team discourse: 'I need your time here and now'.

One can often discover a tension between the need to spend more time on understanding a certain problematic constellation and on trying to understand the deeper difficulties of the respective worker in her history with a client or a family on the one hand and the need to respond to something in organizational or more or less technical terms which does not allow any delay on the other hand. There is often an overlap between a professional case analysis and an ad hoc development – or even retrospective legitimation – of an organizational action scheme. Sometimes a colleague presenting a case expects the other participants to lend their support retrospectively to a risky project in her work with a client that cannot be stopped any more anyway.

There seems to be a preference for the pragmatic – especially since it would be hard work for all participants or would even be painful for the colleague presenting a case under such circumstances if the others turn her or his difficulties with a client into a topic of their discourse. It would not just be painful, but could also be regarded as a violation of the rule of solidarity among colleagues if such basic and irritating questions are raised. Freidson's (1975: 215) concept of an 'etiquette of non-confrontation', which he developed in his study

on the foundation of social control among medical doctors who cooperated with each other is applicable in this context.⁶

Lisa, one member of the team, tells her colleagues about her weekly conversations with a client, a single mother with three children. (This family has been one of the 'prominent' client families of the centre for a very long time; several workers had either worked with the mother or with her children individually.) Even though Lisa announces that she wants to focus on her work with this woman specifically, i.e. on her psychological problems and her attitude to her body, she is drawn into descriptions of her children's life situations again and again, especially the chaos around her four year old son. Lisa informs the others about his situation in his nursery school and about her contacts with the nursery school teachers who told her that they cannot cope with the turmoil any longer and plan to remove him from their institution. The nursery school teachers also suggested that he should have 'play therapy', which raises the issue of whether the boy should start play therapy at 'our' family counselling centre.

The complicated formal structure of Lisa's case introduction already reveals some of her difficulties with this particular work: her entanglement in many kinds of problems that have emerged in the life of this family. When she finishes her long case introduction she says, 'Well, I'd just like to hear what you say about this'. The reference to 'this' is quite vague. Even though her presentation had shown her own multiple frustrations with this particular work, one colleague of hers takes the first turn in the case discussion by just focusing on one issue right away which appears to be manageable for them as 'gatekeepers' of their institution: the issue of whether or not the four-year-old son of the client should be offered play therapy at their centre. She and other team members give further emphasis to Lisa's opinion that this should not be arranged. Instead, they search for other alternatives (outside of the counselling centre) and develop ideas about whom to contact in order to place the boy in a 'play group' (instead of 'therapy'). This is an example of a preference for the pragmatic: by narrowing down the complexity of the case to a single binary question that requires a simple answer ('yes' or 'no') they do not address the issue whether or not there should be basic changes in the social arrangement of the work with this client and her family.

When I looked at the transcription of this case discussion together with the members of the centre almost three years after the audio recording had taken place, I asked them to focus on the place of transition of the initial case introduction to the subsequent case discussion. Lisa, who had finished her work with the client in the meanwhile and evaluated it quite critically in retrospect, reacted spontaneously. I wrote down in my field notes:

Lisa says that she had become angry exactly at this point (when she read the material): when she noticed how the comprehensive problem of her work had been 'narrowed' in the reactions of her colleagues. Now she would think that her colleagues had tried to 'protect' her.

A third problem that can be discovered in quite a few transcriptions of case discussions is the phenomenon that narration and argumentation often counteract each other and cannot fully unfold. There are **restrictions and mutual blockades of different schemes of communication and their specific work in generating new insights**. There are four manifestations of this problem:

- 1 Sometimes professionals who announce that they want to introduce a case do so in a way which emphasizes the normality or even banality of the nature of the clients' problems and the routine or boring character of one's own work in this case. An example: 'Well . . . don't we have something left right now?', asks the team leader when there are still twenty minutes left for discussing cases. A colleague steps in, 'I could just offer a first meeting (with clients). I mean, I think this is nothing special and also not something long-range'. After the team leader has ratified the offer ('Just bring it in') she presents the case for a couple of minutes and terminates her introduction by saying, 'I think that won't take very long'. ('That' refers to her work with an elderly couple.) After a short sequence of questions and answers she makes the first attempt to close the topic by suggesting, 'Well, as I said, I don't think that this deserves a lot of talk. Or what do you think?' There are a couple of further remarks, but no one doubts her evaluations and first conclusions during her initial case presentation, no one introduces other interpretations and everyone emphasizes how utterly familiar this problem sounds. When they have finished their short round of questions and answers the team leader laughs slightly and says, 'We are very good today . . . We still have ten minutes left'.⁷ Note that the team leader's compliment refers to the fact that the team had just used half of the time that was still available for the case discourse. When you look at the contextualization – the case is offered in a situation when not much time is left – and when you look at the style of presenting the case, you can notice that the relevance of the subject matter is downgraded. The colleague presenting the case makes it quite clear that she actually does not need the feedback of the others since she does not have any real questions herself and just cooperated to fill the time. Questions and commentaries are thereby discouraged. A critical situation could emerge if colleagues develop other lines of interpretation under these circumstances since they had not been invited to do so. The unproblematic presentation of the case and of oneself – it makes no sense to spend much time on this issue since I don't have any questions myself and know how to proceed – would thereby put into doubt. This phenomenon could be called *the discouragement of argumentation by way of a casual and seemingly unproblematic initial presentation of the case*.
- 2 While the basic form of an initial case presentation is narrative, one can find a continuum ranging from spontaneous narratives with quite short argumentative commentaries at certain points over narratives with extended sequences of argumentation and abstract descriptions to *mixtures oscillating between different schemes of communication*. I just refer to this last variant here. Such constant moving back and forth creates a lot of difficulties of orientation for the person introducing the case and for her or his listeners. Is this a matter of storytelling right now or of argumentation? The

communicative format is not clear, as becomes visible in different textual indicators of being at a loss – pauses and commentaries which show one's own dissatisfaction with one's presentation. What is in the centre of one's talk: the story of one's history of interaction with a client, including preliminary guesses about the nature of a problem? Or is the presentation mainly about verbalizing far-reaching propositions? When analysing transcriptions of different instances of case discourse I had the impression that the still open competition of different schemes of communication that Fritz Schütze (1987: 256) refers to as 'schema salad' is partially a manifestation of one's cognitive and emotional problems in dealing with a case. (Schütze had initially coined this term in his critique of the standardized interview and unsystematic open interviews in which interviewees are getting into difficulties and lose their sense of what is going on because they are constantly drawn into competing schemes of communication.) But there is also something else involved: many practitioners seem to expect from themselves – and assume that the others expect it from them, too – that they can demonstrate quickly that they have reached professional insights and can formulate these insights in rather abstract terms. The speedy determination of 'what's the case' seems to be a prestigious and often competitive activity. There are several instances in the data that are interesting in this regard because expressions of being confused – what's the matter with a client or a couple? – are combined with early higher predicate assertions about fixed attributes of a person ('highly hysterical', 'borderline', etc.) or the relationship of a couple or a family ('a system', etc.). Such terms seem to communicate that the professional has self-confidently and magically solved a puzzle by giving a name to it, but the puzzlement really does not go away. When one practitioner tells about his first meeting with a young couple searching for help because their marriage is in trouble, his presentation is filled with far-reaching ascriptions of personality traits and fixed features of their relationship. At the same time his case introduction is filled with references to the fact that he really does not know what to think about the new clients and his first meeting with them: 'Well, somehow both of them confuse me a little, I think'.

- 3 A similar problem emerges in the phase following the initial case presentation when colleagues ask questions and offer their own interpretations: other team members often *start arguing too early*, so that the epistemic force of argumentation cannot fully unfold. They tend to take up the theoretical propositions and evaluations (which are embedded in the initial case presentation) on what appears to be the nature of the problem of a client or a family and to develop them further before having reached a clear understanding of the biographical and other social processes that had been partially presented in narrative sequences during the introductory presentation. Some colleagues sense after some time that the empirical basis for their discussion is still too thin and that there are too many shots in the dark, so they return to asking descriptive questions or inviting more narrative. Others continue to make contributions in the scheme of argumentation and especially suggest abstract categorizations. So there is the danger of a loose back and forth between narrative and argumentation (or schema salad) without exhausting the epistemic possibilities that would be available if all participants 'moved' within and oriented to a certain scheme of communication. Such a schema salad is obvious in the case discussion about the

young mother (mentioned in the beginning) who feels helpless and experiences shame because of her violent outbursts against her small son. The discussion is filled with a lot of diagnostic propositions and spontaneous ideas ('I have a fantasy') which are based on the case worker's argumentative commentaries during her case introduction: her attempts to theoretically come to terms with her client's history and situation that still reveal her frustration about her work and her 'groping in the dark' so to speak. The argumentative activities of her colleagues turn out to be a dead end, since the empirical foundations of the case discussion are too thin. Once in a while narrative questions and descriptive questions are asked and answered in between when the discussion seems to lead nowhere, but then other colleagues start to argue again. One colleague who had come in late joins the discussion by asking the case worker, 'Just tell me why you tell about this?'. This question is helpful for focusing on the case worker's situation and feelings that had led her to present this case in the first place. Thereby it becomes possible to shift the focus of the discussion and to look for pragmatic ways how to widen her freedom of action. She experiences this as helpful.

- 4 A fourth manifestation of this problem could be called *a sliding of argumentation into rituals of downgrading*. You can find such sequences when team members are especially concerned or upset. The character of a team as a community of memories becomes especially visible in such instances. Team members share their memories of events that demonstrate again the (supposedly) essential identity of the person whom they just talk about (e.g. 'this woman'): what he or she is really like. Team members move closer together in such activities of joint remembering, of drawing lines and of mutually constructing emotional and moral distance from people whom they want to exclude from the category of 'our clientele', a category often used to refer to a larger sub-group among all clients of the centre; they are regarded as a core group that is important for demonstrating what 'our' work is about. The practitioners thereby confirm their shared history and identity as a we-group. They do not try, e.g. to take over the perspective of a certain female client and just side with her children who are regarded as their mother's victim. Or team members get angry about a client who appears to have played with them and to have taken advantage of them. Such sequences resemble 'degradation ceremonies' as they were described by Garfinkel (1956). The argumentative resources of a team are very limited in such phases: this is a time for clear words, not for careful considerations, a time for moral dichotomies similar to dramatic instances of political rhetoric: 'You're either with us or with the enemy'. A sequential analysis of case discussions reveals that participants sometimes develop superficial or self-contradictory – though 'morally righteous' – plans under such conditions which just make them feel better for a short time, but do not really work in the long run because they did not take the time for careful consideration. For example, the team members talk about a former client, a woman who is imprisoned and whose adolescent children have tried to secure the assistance of the centre to achieve their mother's temporary release from prison on social grounds or even a pardon for clemency. (Her 14-year-old son, who had come to the centre together with his elder sister, feels extremely lonely, cannot sleep anymore and might need therapeutic help. The mother's lawyer had suggested that

they should contact the counselling centre because its assistance might be helpful in such a legal procedure.) While the professionals talk about the children with much sympathy and warmth, their attitude towards their mother is more reserved. It turns into outright anger (against a mother who lacks 'motherly' qualities) during the case discussion when they realize that there would be a lot of bureaucratic obstacles in trying to assist the children. They also remember that they suffered defeat in dealing with powerful institutional opponents (like courts and prisons) in the past. The social worker who had told her colleagues about the visit of the children and who had supported (together with the other team members) their idea of trying to get their mother out of jail now emphasizes that she would never want to 'lend a helping hand to the woman'. My impression is that she also wants to avoid the impression that she might have a 'helper syndrome' (Schmidbauer, 1977). (This topic is popular in German social work discourse.) But the breach in the emotional climate of the case discussion also has to do with the fact that the participants imagine the bureaucratic obstacles that they would face and their possible failure. Different colleagues now keep the ball rolling by dramatically reminding each other of episodes revealing the supposedly essential characteristics of 'this woman' whom they do not just regard as a bad mother (who leaves her 14-year-old son alone by risking a jail sentence) but as 'crazy' and 'mentally ill'. At the same time they express their solidarity with her children and talk about them with a lot of affection. The dilemma which they face and which they 'act out' can be described as: how to help the children without helping their mother? The plan of assisting the children which they develop in the course of the case discussion is fraught with their anger against the mother of the children. It is not developed carefully enough and contains self-contradictory elements. As the further development shows, it leads nowhere and collapses.

I have dealt with different manifestations of the problem of restrictions and mutual blockades of different schemes of communication. I will now turn to the fourth and last problem, which I call **preventing new insights because of a cognitive division of labour which is associated with professional status**. One can find such difficulties in teams in which members of different professions are present, e.g. multi-professional teams in psychiatric settings and social workers and psychologists in family counselling centres.

Sometimes there is the problem that the discourse of generating new insights suffers from ascriptions of deficits and competencies that have to do with membership in different professions. If a psychologist encounters difficulties in his work it can be a trap for him to expect that it should be easier for him to analyse a certain problem than for his colleagues who are not psychologists and 'just' social workers. Under such circumstances he is less receptive for their critical questions and suggestions, while the others are especially reluctant to offer their observations and commentaries. In any case there are restrictions for the dynamics of argumentation if participants subliminally or explicitly orient to such a cognitive division of labour: the right to introduce

psychological 'insights' on the one hand and the more modest job of offering 'plain social work' suggestions on the other hand.

I wish to thank Ulrich Streeck for an interesting observation that fits into this context. He told me that during his many years of clinical practice in psychiatry he had experienced again and again that psychologists and psychiatrists often respond to social workers' narrative case presentations in team meetings by offering more abstract reformulations: subsequent summary statements that do not contain any deeper insights, but serve to display one's special authority in the matters that are being talked about and reproduce a hierarchical division of labour. He mentioned that members of the nursing staff in such settings are even more vulnerable in this regard than the social workers.

Such a division of labour can lead to heavy turmoil – up to the point of stopping case discussions altogether because they are too painful and degrading for the participants. This happened for a while in a family counselling centre that I am familiar with. The psychologist had always offered his own far reaching remarks when social work colleagues had talked about their cases while never presenting his own work experiences – and thereby his own vulnerability and possible confusion. It is obvious that the absence of case discussions has negative consequences for the quality of the work with clients.

IMPLICATIONS FOR SOCIAL WORK

There are several implications of this research for social work practice and training:

- Such interaction analyses can become the basis for formulating recommendations for case discourse. When I looked at these transcriptions together with the professionals whose work I studied, we developed some ideas on how to avoid 'going native' or 'stewing in one's own juice' (e. g. by inviting colleagues from other local counselling centres who are not familiar with the respective clients to chair a case discussion) and on how to avoid 'schema salad'. The practitioners very clearly understood the difficulties that could develop due to starting argumentation too early. It is helpful to develop a greater sensitivity for the respective place of narration and argumentation in professional case discourse.
- This topic has implications for collective processes of professionalization, not just in social work. What I have in mind is the development of a self-critical and self-reflective 'bottom up' discourse on work processes, on obstinate and recurring problems of professional work (Schütze, 1992) and on mistakes in coping with them. This can already be practised in seminars when social work students return to their college or university to talk about and to discuss their experiences during their placements. Often they are expected very early in such seminars to demonstrate their adherence to a specific orientation programme, e.g. 'systemic social work', which would give them a yardstick for critically evaluating a certain practice which they have encountered during their placements. Having to present such accounts entails the risk of losing a narrative relationship to one's own work experiences. It is much

more important to encourage them to narrate freely about the experiences they had with clients without any fear of losing face and to carefully and non-judgmentally learn to listen to the narratives of other students however fuzzy they appear to be. This does not exclude at all the attempt to develop analytical and critical distance from one's own work experiences and the experiences of others. After these oral narratives I encourage them to write down very personal and ethnographic field notes on their own involvement in social processes, situations and relationships in their work settings. Afterwards we share and discuss parts of their field notes in the seminar in order to first develop unpretentious abstractions. Such abstractions do not sound especially elegant and are not derived from any type of normative programme (Riemann, 2005).

- Social workers and students of social work should become ethnographic researchers in their own affairs, e. g. in focusing on the particularities and general features of their work with clients, on the life histories and life circumstances of their clients and on their discourse with colleagues. By acquiring skills in ethnographic field research, narrative analysis, interaction analysis and biographical research they learn to observe, analyse and write in a different manner and develop competencies which are also useful for their own work with clients. While I presented my own research in this article I also learned a lot from the research of social work students of mine. The dynamics and shape of future qualitative social work research will depend on whether or not it will be a matter of course that (future) professionals acquire qualitative research skills and get encouraged to do research and to develop grounded theories (Glaser and Strauss, 1967) *on their own*.

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Notes

- 1 I was interested in (1) the long-term development of the relationship of professionals and clients, i.e. in their 'growing older together' (a topic that has been neglected in the study of professional work), in the practitioners' 'arc of work' (Strauss et al., 1985) and how they cope with recurring problems or even paradoxes of professional work; (2) the consequences of this work for the clients' life histories and biographical identities; and, (3) the professionals' case talk and its inherent problems of knowledge production. (This latter interest is the focal point of the discussion of this article.) In order to investigate these issues I collected and transcribed quite different qualitative materials which were sequentially analysed and triangulated with each other: especially narrative interviews (Riemann, 2003; Schütze, 1987) with professionals (on the history which they shared with certain clients) and clients (on their life histories) and audio recordings of counselling sessions and case discussions.
- 2 I am grateful to Fritz Schütze for helping me to clarify this issue.

- 3 Student research on social work discourse that I supervised led to similar conclusions.
- 4 One can find interesting examples of interprofessional case discussions in qualitative studies of professional work, especially in the field of medicine. These examples mostly illustrate the professionals' way of coping with dramatic crises (Strauss et al., 1964: 316–48) and ethical dilemmas (Anspach, 1993: 69–78). Discourse processes of generating and preventing new insights are not directly addressed in these discussions, though.
- 5 I learned from students' reports that such phenomena are quite characteristic of the work of social workers in local authorities, in probation service and many other settings, too.
- 6 Of course such questions could be expected and appreciated in meetings with a supervisor from the outside since stirring up doubts and wondering aloud have been systematized in the social world of supervision, a new counselling profession (Gaertner, 1999).
- 7 A detailed case analysis focusing on the transcription of the audio-recording of the initial encounter of the social worker with the elderly couple (Riemann, 2002) led to the conclusion that the social worker had not been sufficiently sensitised to the underlying problem that had been presented by the clients. She had just focused on a kind of surface narrative.

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